

BLANKET ACCIDENT & SICKNESS CHECKLIST FOR CODE 68

IDENTIFY
POLICY & CERT
PAGE #, OR
LOCATION, OF
BENEFIT
WITHIN FORM
SUBMISSION

60A.06 Kinds Of Insurance Permitted

Subd 3 Limitation On Combination Policies

◆ 60A.08 Contracts Of Insurance

Subd 5 Signatures Required

The signatures may be facsimile signatures and may be placed in brackets [] designating a "variable" item.

62A.011 Definitions

Subd 3 Health Plan

Blanket Accident and Sickness coverage is NOT a Health Plan.

◆ 62A.02 Health Care Policy Rates

For health, we require proof of a reasonable loss ratio. Insurers must forward an actuarial memorandum.

62A.023 Notice Of Rate Change

A health insurer or service plan corporation must send written notice to its policyholders and contract holders at their last known address at least 30 days in advance of the effective date of a proposed rate change. This notice requirement does not apply to individual certificate holders covered by group insurance policies or group subscriber contracts.

62A.024 Explanations Of Rate Increases; Attribution To Statutory Changes

If any health carrier, as defined in section 62A.011, informs a policyholder or contract holder that a rate increase is due to a statutory change, the health carrier must disclose the specific amount of the rate increase directly due to the statutory change and must identify the specific statutory change. This disclosure must also separate any rate increase due

February 7, 2002

Prior Edition -- August 25, 2001

LH68CHK

PAGE 1 of 7

◆ Denotes a mandate for which a specific contractual reference is required.

BLANKET ACCIDENT & SICKNESS CHECKLIST FOR CODE 68

IDENTIFY
POLICY & CERT
PAGE #, OR
LOCATION, OF
BENEFIT
WITHIN FORM
SUBMISSION

to medical inflation or other reasons from the rate increase directly due to statutory changes in this chapter, chapter 62C, 62D, 62E, 62H, 62J, 62L, or 64B.

◆62A.03 **General Provisions Of Policy**

◆62A.04 **Standard Provisions (Individual And Group)**

This is mandated for both individual and group coverage due to statement in 62A.10 which states the following: “These forms shall contain the standard provisions relating and applicable to health and accident insurance and shall conform with the other requirements of law relating to the contents and terms of policies of accident and sickness insurance insofar as they may be applicable to group accident and health insurance...”. This statement is cross-referenced with the following statement found in 62A.04: “Any references to “standard provisions” which may appear in other sections and which refer to accident and sickness or accident and health insurance shall hereinafter be construed as referring to accident and sickness policy provisions.”

Subd 3 (11) The Standard Provision Excluding “Narcotics” Does Not Include “Alcohol”

Subd 10 Return Of Premium (Limitation)

◆62A.042 **Family Coverage; Coverage Of Newborn Infants**

Subd 1 Individual Family Policies

- Notice requirements prohibited.
- If dependents are covered, the policy or contract must include as insured or covered family members or dependents any newborn infants immediately from the moment of birth and thereafter which insurance or contract shall provide coverage for illness, injury, congenital malformation, or premature birth.
- If dependents are covered, the coverage must include benefits for

February 7, 2002

Prior Edition -- August 25, 2001

LH68CHK

PAGE 2 of 7

◆ Denotes a mandate for which a specific contractual reference is required.

BLANKET ACCIDENT & SICKNESS CHECKLIST FOR CODE 68

IDENTIFY
POLICY & CERT
PAGE #, OR
LOCATION, OF
BENEFIT
WITHIN FORM
SUBMISSION

inpatient or outpatient expenses arising from medical and dental treatment up to age 18, including orthodontic and oral surgery treatment, involved in the management of birth defects known as cleft lip and cleft palate.

◆62A.043 **Dental Procedures And Coverage Of Podiatry**

Subd 1 Applies To Group & Individual Coverage

Subd 2 Recognizes Physician, Dentist & Podiatrist

If coverage includes services by a dentist or podiatrist, it must provide benefits whether the services are performed by a physician, dentist or podiatrist.

Subd 3 Requires Coverage For Surgical & Non-Surgical Treatment Of TMJ Disorder And Craniomandibular Disorder

Coverage must include treatment for TMJ and CMB. Coverage shall be the same as that for treatment to any other joint in the body, and shall apply if the treatment is administered or prescribed by a physician or dentist.

62A.044 Payments To Governmental Institutions

Policies may not exclude coverage for services rendered by a hospital or medical institution owned or operated by the federal, state or local government. This includes correctional facilities.

62A.047 Children's Health Supervision Services And Prenatal Care Services

Policies must provide coverage for children health services and prenatal care without a deductible, co-payment or other coinsurance or dollar limitation requirement. Children health services means pediatric preventive services including immunizations, developmental assessments and laboratory services from birth to age six.

February 7, 2002

Prior Edition -- August 25, 2001

LH68CHK

PAGE 3 of 7

◆ Denotes a mandate for which a specific contractual reference is required.

BLANKET ACCIDENT & SICKNESS CHECKLIST FOR CODE 68

IDENTIFY
POLICY & CERT
PAGE #, OR
LOCATION, OF
BENEFIT
WITHIN FORM
SUBMISSION

62A.049 Limitation On Pre-authorizations; Emergencies

**62A.081 Payments To Facilities Operated By State Or Local
Government**

62A.105 Transfers (Of Coverage) To Substantially Similar Products

62A.11 Blanket Accident And Sickness Insurance

Forms must be in compliance with this statute.

1. Only special groups of persons enumerated in items 1 through 5 of § 62A.11, Subd 1 are eligible for this type of coverage.
2. Any other substantially similar group for which approval is desired must be accompanied by sufficient documentation to support a discretionary approval by the Commissioner. Refer to item 6 of § 62A.11, Subd 1.
3. Coverage is considered to be Individual Coverage.
4. An individual application shall not be required from a person covered under a blanket accident and sickness policy,
5. It is not necessary for the insurer to furnish each person a certificate.

◆62A.14 Handicapped Children – Individual Family Policies

◆62A.146 Continuation Of Benefits To Survivors

◆62A.149 Benefits For Alcoholics And Drug Dependents

Note: This section does not apply to policies designed primarily to provide coverage payable on a per diem, fixed indemnity or nonexpense incurred basis or policies that provide accident only coverage.

**◆62A.151 Health Insurance Benefits For Emotionally Handicapped
Children**

◆62A.153 Outpatient Medical And Surgical Services

February 7, 2002

Prior Edition -- August 25, 2001

LH68CHK

PAGE 4 of 7

◆ Denotes a mandate for which a specific contractual reference is required.

BLANKET ACCIDENT & SICKNESS CHECKLIST FOR CODE 68

IDENTIFY
POLICY & CERT
PAGE #, OR
LOCATION, OF
BENEFIT
WITHIN FORM
SUBMISSION

62A.154 Benefits For DES Related Conditions

◆ 62A.155 Coverage For Services Provided To Ventilator-Dependent Persons

62A.18 Disability Offsets Prohibited

Policy may not offset or reduce any benefit due to any increase in disability benefits received or receivable. The disability benefits referred to are social security benefits, railroad retirement benefits, veteran's disability benefits, workers' compensation benefits or any other benefit pursuant to federal or state law.

◆ 62A.20 Continuation Coverage Of Current Spouse And Children

◆ 62A.21 Continuation And Conversion Privileges For Insured Former Spouses And Children

62A.22 Refusal To Provide Coverage Because Of Option Under Workers' Compensation

◆ 62A.25 Reconstructive Surgery

We look for wording that includes that a functional defect as determined by the attending physician is the standard for coverage.

◆ 62A.26 Coverage For Phenylketonuria Treatment (PKU)

◆ 62A.28 Coverage For Scalp Hair Protheses

◆ 62A.285 Prohibited Underwriting; Breast Implants

Subd 2 Required Coverage

◆ 62A.30 Coverage For Diagnostic Procedures For Cancer

◆ 62A.301 Coverage Of Full-Time Students

◆ 62A.302 Coverage Of Dependents

February 7, 2002

Prior Edition -- August 25, 2001

LH68CHK

PAGE 5 of 7

◆ Denotes a mandate for which a specific contractual reference is required.

BLANKET ACCIDENT & SICKNESS CHECKLIST FOR CODE 68

IDENTIFY
POLICY & CERT
PAGE #, OR
LOCATION, OF
BENEFIT
WITHIN FORM
SUBMISSION

The definition of dependent can be no more restrictive than that found in Minn. Stat. §62L.02.

◆ **62A.307 Prescription Drugs; Equal Treatment Of Prescribers**

◆ **62A.3091 Non-Discriminate Coverage Of Tests**

◆ **62A.3092 Equal Treatment Of Surgical First Assisting Services**

62A.60 Retroactive Denial Of Expenses

62A.61 Disclosure Of Methods Used By Health Carriers To Determine Usual & Customary Fees

62A.615 Preexisting Conditions Disclosed At Time Of Application

62A.65 Individual Market Regulation

Blanket student accident and health insurance policies are not covered under the Health Insurance Portability and Accountability Act. The Act does not specifically include blanket policies. In Minnesota Blanket Accident and Sickness Insurance policies are not subject to Minn. Stat. § 62A.65. They may contain a pre-existing condition provision and not be subject to the portability requirements of HIPAA and Minnesota Statute § 62A.65, Subdivision 5(a). However, for example, students leaving a Blanket Student Accident and Health Insurance Plan will find that plan as being classified as “qualifying coverage” based on Minnesota Statute § 62A.65, Subdivision 5(a) and §62L.02, Subdivision 24. Thus, when a student leaves a Blanket Student Accident and Health Insurance policy and enrolls in an individual or group health plan within 63 days, they will not be subject to any new pre-existing provision.

62Q.107 Prohibited Provision; Judicial Review

◆ **62Q.50 Prostate Cancer Screening**

◆ **62Q.525 Coverage For Off Label Drug Use**

February 7, 2002

Prior Edition -- August 25, 2001

LH68CHK

PAGE 6 of 7

◆ Denotes a mandate for which a specific contractual reference is required.

BLANKET ACCIDENT & SICKNESS CHECKLIST FOR CODE 68

IDENTIFY
POLICY & CERT
PAGE #, OR
LOCATION, OF
BENEFIT
WITHIN FORM
SUBMISSION

◆62Q.527 **Coverage Of Nonformulary Drugs For Mental Illness And Emotional Disturbance.**

◆62Q.53 **Mental Health Coverage**

65B.61 **Coordination With No-Fault**

Subd 3 Rating Requirements If Benefits Coordinated With No-Fault Auto Payments

72A.20 **Subd 15 Practices Not Held To Be Discrimination Or Rebates**

(4) Preferred Provider Organization defined.

NOTE – Pursuant to M. S. § 62A.11 Subd.5, blanket accident and sickness policies may not require that the services be rendered by a particular hospital or person.

72A.201 **Subd 4 (a) Standards For Pre-Authorization**

Minn Rule 2740.0200 Group Coverage Cannot Coordinate With Individual Coverage

Special Wording For Organ Transplants And Services

Health carriers may list certain excluded organ transplants with the organ transplant benefit, provided there is language that these exclusions will be removed due to new technological changes. Below is an example of policy language that historically has been approved by the Department:

“As technology changes, the above referenced benefits will be subject to modifications in the form of additions or deletions, when appropriate.”

February 7, 2002

Prior Edition -- August 25, 2001

LH68CHK

PAGE 7 of 7

◆ Denotes a mandate for which a specific contractual reference is required.